

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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VETERINARY EXAMINING BOARD

APPLICATION FOR LICENSURE TO PRACTICE VETERINARY MEDICINE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status
information is optional.

Sex: ☐ M
☐ F

Ethnic: ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

Have you ever held a license/credential in the state of Wisconsin? _____ Yes _____ No (please indicate)

If yes, provide your Wisconsin license/credential number. _____

School Code: _____

School Name: _____

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: _____

Specialty: _____

APPLICATION FEES Please check applicable blank:

____ NAVLE & State Law
\$ 53.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$ 15.00 Contract Exam Fee
\$125.00 Total Fee Attached (Make check payable to Dept of Reg. & Lic. and attach to this application.)

NAVLE Exam and Fee (Must apply directly to www.nbvme.org.)

____ Endorsement of
NAVLE/NBE/CCT
\$ 53.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$110.00 Total Fee Attached (Make check payable to Dept of Reg. & Lic. and attach to this application.)

____ Licensure by Reciprocity
(4000 hrs. of active practice in preceding 5 yrs.)
\$105.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$162.00 Total Fee Attached (Make check payable to Dept of Reg. & Lic. and attach to this application.)

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fees, attached to this application	Copy of professional diploma and translation if necessary.
Certificate of Professional Education Form #1420.	Copies of malpractice suit(s).
Wisconsin Statutes and Rules Examination Booklet with answer sheet.	NAVLE/NBE/CCT scores (<i>if not taken in Wisconsin</i>)
Letters from all State Boards where licensed (<i>includes active and inactive licenses</i>).	Social Security Number (<i>page 5 of 5, Form #655</i>)
NAVLE form and fee filed with NBVME (<i>NAVLE candidates only</i> .)	ECFVG Certificate (<i>graduates of unapproved veterinary programs attach notarized copy</i>)
	AVMA letter of verification (<i>foreign graduates registered for NAVLE only</i>)

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

1. Have taken NAVLE and requested scores be sent to Wisconsin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Taken	<input type="text"/>	<input type="text"/>
				Month	Year
2. Have taken NBE and requested scores be sent to Wisconsin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Taken	<input type="text"/>	<input type="text"/>
				Month	Year
3. Have taken CCT and requested scores be sent to Wisconsin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Taken	<input type="text"/>	<input type="text"/>
				Month	Year

FOREIGN GRADUATES:

Currently Enrolled in ECFVG Program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A.V.M.A. Letter of Verification has been requested	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ECFVG Certificate issued. (Notarized copy must be attached)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

POST-GRADUATE TRAINING, PRACTICE & ACTIVITIES: Outline in chronological order all post-graduate training, practice and activities from the date of graduation from veterinary school to the present time. Attach an additional sheet if necessary. (*Not required of new graduates*) **Reciprocity candidates must have at least 4000 hrs of practice during the preceding 5 years as a licensed veterinarian.**

EMPLOYER/INSTITUTION/ACTIVITY	LOCATION City/State	DATES (From/To) Mo/Yr	HOURS PER YEAR
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

***LIST ALL STATE/COUNTRIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN CREDENTIALLED, AND DATE OF ORIGINAL CREDENTIAL.**

I HAVE REQUESTED LETTERS OF VERIFICATION FROM THESE STATES/COUNTRIES:

☐ YES ☐ NO

***YOU ARE REQUIRED TO HAVE EACH STATE/COUNTRY BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN VETERINARY EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, CURRENT STATUS, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.**

Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, national board examination, or NAVLE/NBE/CCT examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>

Wisconsin Department of Regulation & Licensing

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Veterinary Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

BUREAU OF HEALTH PROFESSIONS

IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

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VETERINARY EXAMINING BOARD

APPLICATION INFORMATION FOR VETERINARY ENDORSEMENT CANDIDATES

Applicants for licensure by endorsement must hold a current license to practice veterinary medicine in another state, U.S. territory, country or province of Canada and have actively practiced for 4000 hours during the 5 years preceding application as a licensed veterinarian.

Applicants must submit the documents requested on page 2 of the application Form #655: (All supporting documents must be submitted in English.)

1. **APPLICATION FORM.** Please complete "Application for Licensure to Practice Veterinary Medicine" and submit documents requested on page 2 of the application.
2. **LICENSURE FEE.** Checks or money orders are to be made payable to the department of Regulation & Licensing.
3. **VERIFICATION OF LICENSURE IN OTHER STATES.** You are required to have each state/country board in which you have ever been licensed submit letters of verification to the Wisconsin Veterinary Examining Board. The letters must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.
4. **CERTIFICATE OF PROFESSIONAL EDUCATION FORM #1420.** Forward this form to your veterinary college to be signed and sealed by the dean of the school. Request them to submit this form directly to the Veterinary Examining Board.
5. **EXAMINATION ON WISCONSIN LAW.** An applicant for licensure shall successfully complete an open book examination on Wisconsin Statutes and Rules relating to the practice of veterinary medicine before a license can be issued in Wisconsin. Enclosed is a numbered examination booklet along with an answer sheet. You must return the entire examination booklet and answer sheet to the board office.
6. **FOREIGN APPLICANTS WHO ARE NOT A GRADUATE OF A SCHOOL OF VETERINARY MEDICINE APPROVED BY THE BOARD SHALL SUBMIT THE FOLLOWING IN ADDITION TO THE ITEMS LISTED IN #1-5 ABOVE:**

Evidence that the applicant has successfully completed the certification program of the educational commission for foreign veterinary graduates of the American Veterinary Medical Association.

Wisconsin Department of Regulation & Licensing

7. FOREIGN GRADUATES WHO ARE A GRADUATE OF A SCHOOL OF VETERINARY MEDICINE APPROVED BY THE BOARD SHALL SUBMIT THE FOLLOWING IN ADDITION TO ITEMS LISTED IN #1-5 ABOVE:

- a) Evidence that the requirements for initial licensure in the country where the applicant was originally licensed, including examination requirements, are substantially equivalent to the requirements for graduates of schools of veterinary medicine approved by the board who are seeking initial licensure in this state; **or**
- b) Evidence that the applicant has successfully completed the national board examination and the clinical competency test or NAVLE in another state. Must request scores to be sent to Wisconsin. Contact the Veterinary Information verifying Agency of the American Association of Veterinary State Boards at www.aavsb.org/viva.html.

THE BOARD MAY REQUIRE AN APPLICANT TO APPEAR BEFORE THE BOARD TO DETERMINE QUALIFICATIONS.

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VETERINARY EXAMINING BOARD

VETERINARIAN CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR VETERINARY SCHOOL
AND RETURNED TO THE VETERINARY EXAMINING BOARD

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - ____
ADDRESS (City, State, Zip) _____	Date of Graduation ____ / ____ / ____
CERTIFYING SCHOOL - Please complete this section.	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED _____	MAJOR _____
DATE DIPLOMA GRANTED** _____	

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.

** **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth ____ month ____ day ____ year	Social Security Number ____-____-____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
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Ethnic/gender information
is required to check criminal
information records.

Sex: ☐ M
☐ F

Ethnic: ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____

Did you successfully complete the program? ☐ ☐ _____

Please attach the certificate of completion/discharge summary.

(Check all that apply)

4. Have you ever been sentenced to: ☐ Probation YES NO MO/YR COMPLETED
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____

Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are **currently** on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature _____ Date _____

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public _____ Date _____

My commission (is permanent) _____ expires _____.

SEAL

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

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APPLICATION PACKET ADDENDUM (INTERNET)

Veterinary Endorsement application packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)